

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/509289

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT				
1					51			
2					52			
3					53			
4					54			
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44					94			
45					95			
46					96			
47					97			
48					98			
49					99			
50					100			
TOTAL IND.					TOTAL IND.			
TOTAL DEP.					TOTAL DEP.			
TOTAL CLAIMS					TOTAL CLAIMS			

\* TOTAL IND. TOTAL DEP. TOTAL CLAIMS

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS